



**Parents:** You must complete both parts of this form and send them with your child on the first day of the camp program in order for him/her to participate in the program.

### PARTICIPANT INFORMATION

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ ☐ M ☐ F Wt. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Primary Language \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) (Mr.) \_\_\_\_\_ (Mrs.) \_\_\_\_\_

Cell Phone # (Mr.) \_\_\_\_\_ (Mrs.) \_\_\_\_\_

Emergency Contact (*individual other than parent authorized to pick-up your child*)

1. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

### HEALTH HISTORY

Does your child attend a Maryland school? ☐ Yes ☐ No  
If not, please attach a copy of your child's current immunization record

Is your child exempt from any immunizations for religious or medical reasons? ☐ Yes ☐ No. If yes, please submit appropriate papers

Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: ☐ Hay Fever ☐ Poison Ivy ☐ Insect Stings ☐ Foods ☐ Drugs ☐ Other \_\_\_\_\_

Chronic or Recurring Illness: \_\_\_\_\_

Is your child taking any medications? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

**Note: If your child needs any medication during camp hours, you must notify the recreation office prior to the start of camp at 240-314-8620 and obtain the necessary forms.**

List any concerns which may affect your child's participation in camp activities including operations or serious illness

\_\_\_\_\_

List any specific activities to be encouraged or restricted \_\_\_\_\_

### DISMISSAL AGREEMENT

(*Since this information is the most current, it will be used over that which was given at the time of registration.*)

Please check appropriate space:

☐ City's bus transportation drop-off point: \_\_\_\_\_

☐ Going to extended day (Home S-t-r-e-t-c-h)

☐ I give permission for city staff to allow my child to leave camp unescorted.

☐ Escorted from camp by parent/guardian, emergency contact or authorized individuals listed below:

1. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

Signature of Parent/Guardian

Date

**Please circle your child's swimming ability:**  
**Non swimmer Beg. Inter. Adv.**